

<b>Case Number:</b>	CM15-0020008		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a year old 44 male who sustained a work related injury on February 18, 2004, when he fell off a ladder, incurring neck injuries. Diagnoses included cervical disc disease. Treatment consisted of hot packs, ice packs and exercises, a cervical fusion, epidural steroid injections of the cervical spine, and medications. Imaging revealed degenerative joint disease and degenerative disc disease of the cervical spine and degenerative joint disease and degenerative disc disease of the lumbosacral spine. Currently, in October, 2014, the injured worker complained of neck pain, numbness into the extremities, back pain and sciatic pain. On January 12, 2015, a request for a Magnetic Resonance Imaging (MRI) of the cervical spine without contrast and X ray of the cervical spine including oblique, flexion and extension views were non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the cervical spine without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for

Workers' Compensation (ODG-TWC), 2014 online guidelines: MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker's working diagnoses are neck pain; cervical radiculopathy; back pain; sciatic pain; and status post cervical spine fusion. The radiographic impression from cervical spine x-rays performed September 11, 2014 was: status post posterior fusion C4 - C6 with single cerclage wire in place. There are senescent changes at C3 - C4 with large anterior bridging osteophyte. Moderate facet arthropathy at C3 - C4 is present bilaterally. No definite bony neuroforaminal narrowing is seen. Senescent changes at C6 - C7 with large osteophyte are present. There is no fracture present. A progress note dated August 8, 2014 indicated the injured worker is "doing okay with increased arm pain. Needs new MRI cervical spine". Physical examination from a progress note dated December 3, 2014 contains a normal neurologic evaluation. Repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and findings suggestive of significant pathology. There are no red flags and there are no clinical findings significant for changes symptoms or objective findings suggestive of significant pathology. Consequently, repeat MRI of the cervical spine is not medically necessary.

**X-ray of the cervical spine (full) Including oblique, flexion and extension views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, Radiographs

**Decision rationale:** Pursuant to the Official Disability Guidelines, cervical spine radiographs with oblique, flexion and extension views are not medically necessary. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by computed tomography (CT). The indications for imaging are enumerated in the Official

Disability Guidelines. In this case, the injured worker's working diagnoses are neck pain; cervical radiculopathy; back pain; sciatic pain; and status post cervical spine fusion. The radiographic impression from cervical spine x-rays performed September 11, 2014 was status post posterior fusion C-4 - C6 with single cerclage wire in place. There are senescent changes at C3 - C4 with large anterior bridging osteophyte. Moderate facet arthropathy at C3 - C4 is present bilaterally. No definite bony neuroforaminal narrowing is seen. Senescent changes at C6 - C7 with large osteophyte are present. There is no fracture present. A progress note dated August 8, 2014 indicated the injured worker is "doing okay with increased arm pain. Needs new MRI cervical spine". Physical examination from a progress note dated December 3, 2014 contains a normal neurologic evaluation. The documentation indicates the injured worker had cervical spine radiographs September 11, 2014. The treating physician now submits a request for authorization to repeat cervical spine radiographs that were performed four months earlier. There is no clinical indication for clinical rationale to repeat certain spine radiographs at this time. Consequently, absent clinical documentation with recurrent injury or significant new neurologic findings on examination, cervical spine radiographs full with oblique, flexion and extension views are not medically necessary.